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In re Application of

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GORDON, et al.

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Group Art Unit: MAY 20 2002

Serial No. 10/083,297

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Examiner: Technology Center 2100

Filed: February 27, 2002

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Atty. Dkt. No.: 6337.1032

For: METHOD OF PROVIDING XML
WEB SERVICES ON AN
EMBEDDED DEVICE

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then please debit Deposit Account No. 50-0644, and notify the undersigned.

Respectfully submitted,

Dated: 5/2/02

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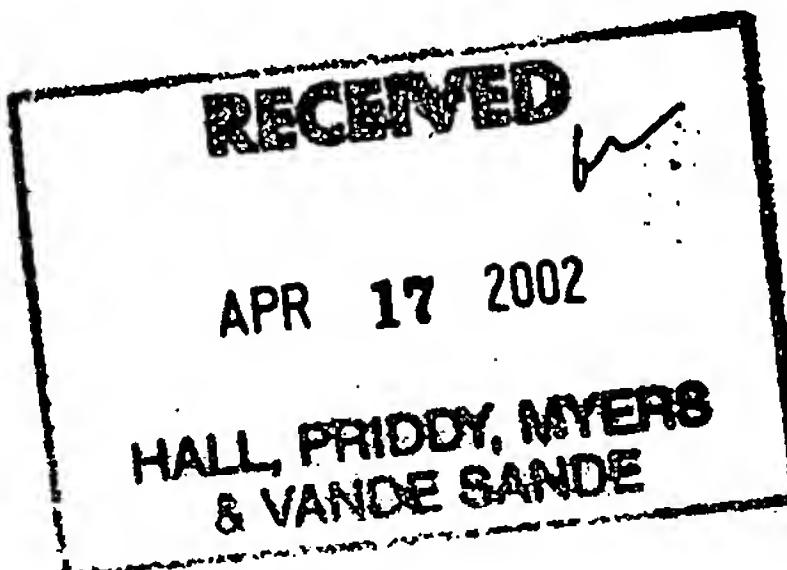
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MAY 02 2002

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/083,297	02/27/2002	2152	412	6337.1032	3	17	4

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CONFIRMATION NO. 5524

FILING RECEIPT



OC00000007864310

Date Mailed: 04/15/2002

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Applicant(s)

William Doyle Gordon, Vancouver, CANADA;
Ming Huang, Burnaby, CANADA;

Domestic Priority data as claimed by applicant

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MAY 20 2002

Foreign Applications

CANADA 2,359,382 10/19/2001

Technology Center 2100

If Required, Foreign Filing License Granted 04/12/2002

Projected Publication Date: 04/24/2003

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Method of providing XML web services on an embedded device field

Preliminary Class

709

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 5524

SERIAL NUMBER 10/083,297	FILING DATE 02/27/2002 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 6337.1032
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APPLICANTS

 William Doyle Gordon, Vancouver, CANADA;
 Ming Huang, Burnaby, CANADA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

CANADA 2,359,382 10/19/2001

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** 04/12/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Method of providing XML web services on an embedded device

FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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